

# Interview Record

Patient ID

Condition(s)

Neurological  
Involvement?

Case ID

Lot #

Interview  
Record ID

Patient Name

Case ID

Lot #

Name

Phone/Contact

Last Name

First Name

Middle Name

Preferred Name / AKA

Maiden Name

Home Phone

Work Phone

Cellular Phone

Pager

E-Mail Address(es)

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Relationship

Address

Residence Street

(Apt. #)

City

State

Zip

County

District

Country

Living With

Residence Type

Time At Address

W M Y

Time In State

W M Y

Time In Country

W M Y

Currently  
Institutionalized? Y N U

Name of Institution

Institution  
Type

Demographics

Pregnancy

Date of Birth

Sex at Birth

M F

Current Gender

M F MTF FTM U R

Age

Marital Status

S M Sep D W C U R

Hispanic/Latino?

Y N U R

Race

AI/AN A B NH/PI W U R

English  
Speaking?

Y N U

Primary Language

Pregnant at Exam?

Y N U R

# Weeks

Pregnant at Interview?

Y N U R

# Weeks

Currently in Prenatal Care?

Y N U R

Pregnant in Last 12 Mos?

Y N U R

Pregnancy Outcome

D S M A U

Condition 1 Reporting Information

Condition 2 Reporting Information

Method of Case Detection

Other

OP Condition

OP Case ID

Method of Case Detection

Other

OP Condition

OP Case ID

Facility First Tested

Facility First Tested

If Other, Describe

Laboratory Report Date

Y N

Interviewed? If not, why not?

If Other, Describe

Interview Period (mos.)

Place of Interview:

If Other, Describe

PEMS Site ID

Y N

Interviewed? If not, why not?

If Other, Describe

Interview Period (mos.)

Place of Interview:

If Other, Describe

PEMS Site ID

Date First Assigned for Interview

DIS #

Date Reassigned for Interview

DIS #

Date Original Interview

DIS #

Date First Re-Interview

DIS #

Date Case Closed

DIS #

Supervisor #

Date First Assigned for Interview

DIS #

Date Reassigned for Interview

DIS #

Date Original Interview

DIS #

Date First Re-Interview

DIS #

Date Case Closed

DIS #

Supervisor #

Imported Case?

N C S J D U

Import Location

Imported Case?

N C S J D U

Import Location

Local Use:

A

B

C

D

E

F

G

H

I

J

K

L

RISK FACTORS			
I. Sexual Behaviors	Within past 3 months	Within past 12 months	
<p><i>Sex is defined as having engaged in oral, anal or vaginal contact with partners.</i></p> <p><b>Has the patient:</b></p> <p>1. Had sex with a male?</p> <p>2. Had sex with a female?</p> <p>3. Had sex with an anonymous partner?</p> <p>4. Had sex with a person known to him/her to be an IDU?</p> <p>5. Had sex while intoxicated and/or high on drugs?</p> <p>6. Exchanged drugs/money for sex?</p> <p>7. <b>[Females only]</b> Had sex with a person who is known to her to be an MSM?</p>	Y - Yes    N - No    R - Refused to Answer	D - Did not Ask	
	Y/N/R/D	Y/N/R/D	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
II. Drug Use Behaviors	Within past 3 months	Within past 12 months	
<p>8. Engaged in injection drug use?</p> <p>9. During the past 12 months, which of the following injection or non-injection drugs have been used?</p>	Y - Yes    N - No    R - Refused to Answer	D - Did not Ask	
	Y/N/R/D <input type="text"/>	Y/N/R/D <input type="text"/>	
		<input type="checkbox"/> Crack <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> None	<input type="checkbox"/> Methamphetamines <input type="checkbox"/> Nitrates/Poppers <input type="checkbox"/> Erectile dysfunction medications (e.g., Viagra) <input type="checkbox"/> Other, specify: _____ _____ _____
III. Other Risk Factors	Within past 3 months	Within past 12 months	
<p>10. Been incarcerated?</p>	Y – Yes    N – No    R -- Refused to Answer	D - Did not Ask	
	Y/N/R/D <input type="text"/>	Y/N/R/D <input type="text"/>	


## STD Testing

Date Collected	Provider	Test	Specimen Source	Qualitative Result	Quantitative Result
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	1: _____
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	1: _____
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	1: _____
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	1: _____

## HIV Testing

Tested for HIV at this event?						Previously Tested for HIV?					
<input type="text"/> Y <input type="text"/> N <input type="text"/> U <input type="text"/> R <input type="text"/> Not Asked						<input type="text"/> Y <input type="text"/> N <input type="text"/> U <input type="text"/> R <input type="text"/> Not Asked					
Date Collected	Provider	Test	Specimen Source	Qualitative Result	Provider Confirmed						
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	<input type="text"/>						
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	<input type="text"/>						
____/____/____	_____	_____	<input type="text"/>	P <input type="text"/> N <input type="text"/> I <input type="text"/> U <input type="text"/> Q <input type="text"/> C	<input type="text"/>						

## Signs and Symptoms

Signs/ Symptoms	Earliest Observation Date	Anatomic Site	Clinician Observed?	Patient Described?	Duration (Days)
1. <input type="text"/>	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
2. <input type="text"/>	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
3. <input type="text"/>	____/____/____	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

If Other, Please Describe: \_\_\_\_\_

## STD History

Previous STD History?				
<input type="text"/> Y <input type="text"/> N <input type="text"/> U <input type="text"/> R				
Condition	Dx Date (mm/yyyy)	Rx Date (mm/yyyy)	Confirmed?	
1. <input type="text"/>	____/____/____	____/____/____	<input type="text"/>	
2. <input type="text"/>	____/____/____	____/____/____	<input type="text"/>	
3. <input type="text"/>	____/____/____	____/____/____	<input type="text"/>	

## STD/HIV Treatment/Counseling

Treatment Date	Provider	Drug and Dosage
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

Treatment Comments: \_\_\_\_\_

Incidental Antibiotic Treatment in Last 12 Months?		
<input type="text"/> Y <input type="text"/> N <input type="text"/> U		
Rx Date (mm/yyyy)	Drug/Dosage/Duration	Condition
____/____/____	_____	_____
____/____/____	_____	_____

Anti-Retroviral Therapy for  
Diagnosed HIV Infection?

In Last 12 Months?

 Y  N  U  R

Ever?

 Y  N  U  R
HIV Pre-Test Counseled at  
this event?
 Y  N  U  R
HIV Post-Test Counseled at  
this event?
 Y  N  U  R

Social History											
Places Met Partners				Places Had Sex				Partners in Last 12 Months			
Type	Name	Type	Name	Female		Male		Transgender			
<input type="text"/>		<input type="text"/>		Unknown	<input type="text"/>	Unknown	<input type="text"/>	Unknown	<input type="text"/>	Unknown	<input type="text"/>
<input type="text"/>		<input type="text"/>		Refused	<input type="text"/>	Refused	<input type="text"/>	Refused	<input type="text"/>	Refused	<input type="text"/>
<input type="text"/>		<input type="text"/>									
<input type="text"/>		<input type="text"/>									
<input type="text"/>		<input type="text"/>									
<input type="text"/>		<input type="text"/>									
<input type="text"/>	Did not ask	<input type="text"/>	Did not ask								
<input type="text"/>	Refused to answer	<input type="text"/>	Refused to answer								
Interview Period Partners											
Condition 1						Condition 2					
Female		Unknown		Refused		Female		Unknown		Refused	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Male		Unknown		Refused		Male		Unknown		Refused	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Transgender		Unknown		Refused		Transgender		Unknown		Refused	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

Partner/Cluster Information

1	Last Name			First Name			AKA			Jurisdiction		
	P/CL	First Exposure		Freq.	Last Exposure		Sex	Pregnant		Spouse		
Condition 1				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							
Condition 2				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							

2	Last Name			First Name			AKA			Jurisdiction		
	P/CL	First Exposure		Freq.	Last Exposure		Sex	Pregnant		Spouse		
Condition 1				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							
Condition 2				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							

3	Last Name			First Name			AKA			Jurisdiction		
	P/CL	First Exposure		Freq.	Last Exposure		Sex	Pregnant		Spouse		
Condition 1				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							
Condition 2				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							

4	Last Name			First Name			AKA			Jurisdiction		
	P/CL	First Exposure		Freq.	Last Exposure		Sex	Pregnant		Spouse		
Condition 1				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							
Condition 2				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							

5	Last Name			First Name			AKA			Jurisdiction		
	P/CL	First Exposure		Freq.	Last Exposure		Sex	Pregnant		Spouse		
Condition 1				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							
Condition 2				Ix Type	Referral	FR#	Dispo		Cond.		SO/SP	
					1 2 3							


Marginal Partners	
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[illegible]

Interview / Investigation Comments
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[illegible]

Travel History and Internet Use
<p>1. Have you ever traveled outside of your home country?</p> <p>2. If yes, how many times in the last 12 months?</p> <p>3. Which countries have you visited?</p> <p>4. How often do you use the Internet?</p> <p>5. Do you use social media platforms?</p>




Interview Record Codes			
Disease/Diagnosis Codes	Institution Types	Y/N/U/R	Time
<b>030</b> - HepB acute w/o delta <b>031</b> - HepB acute w/ delta <b>033</b> - HepB chronic w/o delta <b>034</b> - HepB chronic w/ delta <b>042</b> - Hepatitis delta <b>051</b> - Hepatitis C, acute <b>053</b> - Hepatitis E <b>054</b> - Hepatitis C, chronic <b>070</b> - Hepatitis, unknown <b>100</b> - Chancroid <b>200</b> - Chlamydia <b>300</b> - Gonorrhea (uncomplicated) <b>350</b> - Resistant Gonorrhea <b>400</b> - Non-Gonococcal Urethritis (NGU) <b>450</b> - Mucopurulent Cervicitis (MPC) <b>490</b> - PID Syndrome <b>500</b> - Granuloma Inguinale <b>600</b> - Lymphogranuloma Venereum (LGV) <b>710</b> - Syphilis, primary <b>720</b> - Syphilis, secondary <b>730</b> - Syphilis, early latent <b>740</b> - Syphilis, unknown duration <b>745</b> - Syphilis, late latent <b>750</b> - Syphilis, late w/ symptoms <b>800</b> - Genital Warts <b>850</b> - Herpes <b>900</b> - HIV Infection <b>950</b> - AIDS (Syndrome)	<b>G</b> - Group Home <b>J</b> - Jail <b>O</b> - Other <b>P</b> - Prison <b>Q</b> - Mental Health Center <b>R</b> - Rehabilitation Center <b>X</b> - Drug Treatment/Detox Center <b>Y</b> - Juvenile Detention	<b>Y</b> - Yes <b>N</b> - No <b>U/UN</b> - Unknown <b>R</b> - Refused to Answer	<b>W</b> - Weeks <b>M</b> - Months <b>Y</b> - Years
	Method of Case Detection		
	<b>01</b> - Screening <b>02</b> - Self-Referred (symptomatic patients seeking testing) <b>03</b> - Patient Referred Partner <b>04</b> - Health Department Referred Partner <b>05</b> - Cluster Related (Social Contact (Suspect) or Associate) <b>99</b> - Other		
	Reasons Not Interviewed:	Place of Interview	
	<b>U</b> - Unable to locate <b>P</b> - Physician Refusal <b>R</b> - Refused to Answer <b>D</b> - Deceased <b>L</b> - Language Barrier <b>O</b> - Other	<b>C</b> - Clinic <b>F</b> - Field <b>T</b> - Telephone <b>I</b> - Internet <b>O</b> - Other	
	Imported Case		
	<b>N</b> - Not an imported case <b>C</b> - Yes, imported from another <u>country</u> <b>S</b> - Yes, imported from another <u>state</u> <b>J</b> - Yes, imported from another <u>county/jurisdiction</u> in the state <b>D</b> - Yes, imported but not able to determine source county, state, and/or country <b>U</b> - Unknown		
	Specimen Source	Anatomic Site	
	<b>01</b> - Cervix/Endocervix <b>02</b> - Lesion - Genital <b>03</b> - Lesion – Extra Genital <b>04</b> - Lymph Node Aspirate <b>05</b> - Oropharynx <b>06</b> - Ophthalmia/Conjunctiva <b>07</b> - Other <b>08</b> - Other Aspirate <b>09</b> - Rectum <b>10</b> - Urethra <b>11</b> - Urine <b>12</b> - Vagina <b>13</b> - Blood/Serum <b>88</b> - Not Applicable <b>99</b> - Unknown	<b>A</b> - Anus/Rectum <b>B</b> - Penis <b>C</b> - Scrotum <b>D</b> - Vagina <b>E</b> - Cervix <b>F</b> - Naso-Pharynx <b>G</b> - Mouth/Oral Cavity <b>H</b> - Eye-Conjunctiva <b>I</b> - Head <b>J</b> - Torso <b>K</b> - Extremities (Arms, Legs, Feet, Hands) <b>N</b> - Not Applicable (N/A) <b>O</b> - Other <b>U</b> - Unknown	
	Qualitative Lab Result		
<b>P</b> - Positive <b>N</b> - Negative <b>I</b> - Indeterminate/Equivocal <b>UN</b> - Unknown/ No Result <b>Q</b> - Quantity Not Sufficient <b>C</b> - Contaminated specimen			
Places met or had sex with partners			
<b>A</b> - Adult Book Store/Cinema <b>B</b> - Bars <b>C</b> - Cruising in Automobile <b>D</b> - Dance Halls <b>E</b> - Escort Services <b>F</b> - Baths/Spas/Resorts <b>G</b> - Place of Worship <b>H</b> - Home <b>I</b> - Chat Rooms/Lines/Email/Internet <b>J</b> - Jail/Prison <b>K</b> - Clubs <b>L</b> - Beach <b>M</b> - Motel/Hotel <b>N</b> - Shopping Mall <b>O</b> - Other <b>P</b> - Project/Shelter <b>Q</b> - School <b>R</b> - Gyms/Health Clubs <b>S</b> - Partner's Home <b>T</b> - Street <b>U</b> - Circuit Party <b>V</b> - Cruise (Boat) <b>W</b> - Work <b>X</b> - Park/Rest Area			
Neurological Involvement	<b>W</b> - White <b>U</b> - Unknown <b>R</b> - Refused to Answer		
<b>C</b> - Yes, Confirmed <b>P</b> - Yes, Probable <b>N</b> - No <b>U</b> - Unknown			
Pregnancy Outcome			
<b>D</b> - Live Birth <b>S</b> - Stillborn <b>M</b> - Miscarriage <b>A</b> - Abortion <b>U</b> - Unknown			
Type of Facility			
Residence Type	<b>01</b> - HIV Counseling/Testing Site <b>02</b> - STD Clinic <b>03</b> - Drug Treatment <b>04</b> - Family Planning <b>05</b> - RETIRED (Not to be used) <b>06</b> - TB Clinic <b>07</b> - Other HD Clinic <b>08</b> - Private MD/HMO <b>09</b> - Hospital (Inpatient) <b>10</b> - Hospital (ER) <b>11</b> - Correctional facility <b>12</b> - Lab <b>13</b> - Blood Bank <b>14</b> - Labor and Delivery <b>15</b> - Prenatal <b>16</b> - Job Corps <b>17</b> - School-based Clinic <b>18</b> - Mental Health Services <b>66</b> - Indian Health Services <b>77</b> - Military <b>88</b> - Other <b>99</b> - Unknown		
Gender/Sex:			
<b>M</b> - Male <b>F</b> - Female <b>MTF</b> - Male to Female Transsexual <b>FTM</b> - Female to Male Transsexual <b>T</b> - Transgender <b>U</b> - Unknown <b>R</b> - Refused to Answer			

Interview Record Codes	
Signs/Symptoms	STD History
<b>A</b> - Discharge or MPC <b>B</b> - Chancre, Sores, Lesions, or Ulcers <b>C</b> - Rash <b>D</b> - Dysuria <b>E</b> - Itching <b>F</b> - Alopecia (Hair loss) <b>G</b> - Condyloma Lata <b>H</b> - Bleeding <b>I</b> - Pharyngitis (Sore Throat) <b>J</b> - Painful Sex <b>K</b> - Abdominal Pain <b>L</b> - Swelling/Inflammation <b>M</b> - Mucous Patch <b>N</b> - Lymphadenopathy <b>O</b> - Other <b>P</b> - Balanitis <b>Q</b> - Fever <b>R</b> - Cervical Friability <b>S</b> - Ectopy <b>T</b> - Epididymitis <b>V</b> - Proctitis <b>W</b> - Adnexal tenderness/Cervical motion tenderness	<b>Y</b> - Yes, patient has a history of STD <b>N</b> - No, patient has never had a prior STD <b>U</b> - Unknown if patient has had a prior STD <b>R</b> - Patient refused to answer any questions regarding prior STD History
	Interview Type
	<b>O</b> - <i>Original Interview</i> the initial interview with an infected patient. <b>R</b> - <i>Re-Interview</i> any interview after the Original Interview of an infected patient. <b>C</b> - <i>Cluster Interview</i> any interview of a partner or cluster regarding the index case. <b>U</b> - <i>Unable to interview</i> (may include situations where the original patient was not interviewed, but sex partners and/or clusters were initiated from other activities).
	Referral
	<b>1</b> - <u>Provider</u> : DIS or other health department staff were involved in the referral of this partner/cluster . <b>2</b> - <u>Patient (Client)</u> : No health department involvement in the referral of this partner/cluster. <b>3</b> - <u>Dual (contract)</u> : A combination of provider and patient effort to bring contact/cluster to services.
	Source/Spread
	<b>SO</b> - The source of infection for the original patient <b>SP</b> - A spread from the original patient. <b>U</b> - Partner infection is <u>not related to the original patient</u> . <b>UN</b> (Unknown) - It is unknown whether a partner infection is related to the original patient.
Partner/Cluster	
<b>PARTNER</b> - Persons having sexual activities (of any type) or sharing needles with the original patient. <b>P1</b> - Sex Partner <b>P2</b> - Needle sharing Partner <b>P3</b> - Both Sex and Needle sharing Partner <b>SOCIAL CONTACT (Suspect)</b> - Persons named by an infected person (e.g., the original patient or an infected partner or cluster). <b>S1</b> - Person who has or had symptoms suggestive of the Condition(s) documented. <b>S2</b> - Person who is named as a sex partner of a known infected person. <b>S3</b> - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk). <b>ASSOCIATE</b> - Persons named by an uninfected partner or cluster. <b>A1</b> - Person who has or had symptoms suggestive of the Condition(s) documented. <b>A2</b> - Person who is named as a sex partner of a known infected person. <b>A3</b> - Any other person who would benefit from an exam (i.e., someone who has engaged in a behavior that might put them at risk).	
Dispositions	
STD Dispositions	HIV Dispositions
<b>A</b> - Preventative Treatment <b>B</b> - Refused Preventative Treatment <b>C</b> - Infected, Brought to Treatment <b>D</b> - Infected, Not Treated <b>E</b> - Previously Treated for This Infection <b>F</b> - Not Infected <b>G</b> - Insufficient Information to Begin Investigation <b>H</b> - Unable to Locate <b>J</b> - Located, Refused Examination and/or Treatment <b>K</b> - Out Of Jurisdiction <b>L</b> - Other	<b>1</b> - Previous Positive <b>2</b> - Previous Negative, New Positive <b>3</b> - Previous Negative, Still Negative <b>4</b> - Previous Negative, Not Re-tested <b>5</b> - Not Previously Tested, New Positive <b>6</b> - Not Previously Tested, New Negative <b>7</b> - Not Previously Tested, Not Tested Now <b>G</b> - Insufficient Information to Begin Investigation <b>H</b> - Unable to Locate <b>J</b> - Located, Refused Counseling and/or Testing <b>K</b> - Out Of Jurisdiction <b>L</b> - Other